Community-Based Access to Injectable Contraceptives Toolkit

The Community-Based Access to Injectable Contraceptives Toolkit is a platform for strengthening the capacity of agencies and organizations to plan, implement, evaluate, promote, and scale up community-based access to injectables (CBA2I) programs and to advocate for changes to national policy and service delivery guidelines.

Information on the Global Evidence to support the practice; Country Experiences with CBA2I; Advocacy for gaining buy-in and changing policy; Piloting, Implementing, and Scaling Up programs; and the organizations who are Global Leaders in CBA2I is listed under the main thematic navigation tabs above. Browse the topics by clicking on the tabs. Click on the full-text resources to open or download them to your computer. Many items in the Community-Based Access to Injectable Contraceptives Toolkit can be adapted or revised for use in specific country contexts and unique program circumstances.

How have you used the Community-Based Access to Injectable Contraceptives Toolkit in your work? Are there new resources or topic areas that should be included in the toolkit? Email us at: cba2i@fhi360.org to share your suggestions, comments, and questions.

Why Community-Based Access to Injectable Contraceptives?

Community-based family planning programs typically offer condoms, oral contraceptives, and, increasingly, standard days method, and refer people to clinics for other contraceptive methods. Programs in a number of countries, however, have demonstrated that appropriately-trained community health workers (CHWs) can safely and effectively provide injectable contraceptives. Training and authorizing a wider range of providers to give injections can expand access to a woman’s preferred method, reduce unmet need for family planning in hard-to-reach areas, and address the critical health workforce shortage faced by many countries.

CHWs have provided injectable contraceptives such as Depo-Provera (DMPA) in more than a dozen countries. Injectables appeal to the many women who seek a family planning method that is effective and long-acting and can be used privately. Mobilizing a range of providers to offer injectables, including CHWs, can help family planning programs meet their long-term development goals.
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<th>Are You??</th>
<th>You can use the Community-Based Access to Injectable Contraceptives Toolkit to?</th>
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| An advocate                  | • Access CBA2I advocacy tools, global evidence, and country experiences  
                                | • Learn about and evaluate existing family planning policies that support CBA2I  
                                | • Generate and share ideas for advocating policy change  
                                | • Network with other advocates worldwide |
| A program manager            | • View strategic guidance on piloting, implementing, and scaling CBA2I programs  
                                | • Access curricula, job aids, and other implementation tools  
                                | • Share strategies and lessons learned with other implementing organizations |
| A policymaker                | • Identify other countries with policies that support CBA2I  
                                | • Update national family planning guidelines |
| A donor                      | • Learn about key issues in CBA2I policy development, a program implementation, and scale-up |

What are K4Health Toolkits?
K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture...
What is the purpose of this toolkit?

This toolkit contains resources to help advocates, policy makers, program managers, service providers, and other audiences improve access to and quality of community-based access to injectables services.

Who developed this toolkit?

The Community-Based Access to Injectable Contraceptives Toolkit is a collaborative effort among FHI and the U.S. Agency for International Development. Individuals from other organizations also contributed their experience and expertise to review the toolkit and ensure its relevance and usefulness.

Who are the publishers of the resources?

Resources selected for inclusion in this toolkit were published by organizations working throughout the world to promote evidence-based best practices and improve the delivery of community-based access to injectables (CBA2I). A list of these organizations and the resources they have contributed can be found in the Partners tab.

What types of resources are included?

This toolkit is not a comprehensive library of all existing materials on CBA2I but is rather a strategic package of resources to guide program managers at implementing organizations, advocates, and decision makers through the processes of piloting, implementing, and scaling up CBA2I programs and advocating for policy change. These resources include:

?Up-to-date global and country-specific background and reference materials to inform advocacy and assist with the design evidence-based, state-of-the-art programs.
?Job aids, curricula, and other tools to increase the effectiveness and quality of program activities and services.
?Publications that detail key pilot and scale-up processes and lessons learned.

Who are the intended audiences?

?Advocates and policymakers will find research and information to help set national guidelines about CBA2I programs and plan for future changes in service delivery.
?Program managers will find information and tools to help them design, plan, implement, and scale up programs.
?Trainers can review the latest curricula for training community health workers on family planning and reproductive health generally and for specific contraceptive methods.
?Community health workers will find tools and job aids to help them provide quality services to their clients.
?Communication professionals can use the toolkit resources to explore strategies, media, and
messages about CBA2I. We invite you to suggest resources or adapt the resources in this toolkit to suit your local circumstances and languages.

**How do I get started using this toolkit?**

To browse the content of this toolkit, use the navigation tabs above to view resources related to key topics. Each tab includes strategic resources, further organized by sub-topic. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full resource. Some of the tools are readily available in an adaptable format (for example, Microsoft Word documents and PowerPoint presentations). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source). If you do use these tools or adapt them, we would love to hear from you. Please by emailing us at cba2i@fhi360.org.

**How can I suggest a resource to include in this toolkit?**

We invite you to contribute to evolving and enhancing this toolkit. If you have developed or use quality resources that you think should be included in this toolkit, please share your suggestions by emailing us at cba2i@fhi360.org. The toolkit collaborators will review and consider your suggestions.

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**Global Evidence**

In June 2009, the World Health Organization (WHO) hosted a technical consultation on expanding access to injectable contraceptives. Global experts examined the evidence of community health workers (CHWs) providing this service. The
consultation concluded that appropriately trained CHWs can provide injectable contraceptives safely and effectively and that this approach is acceptable to women. The consultation also concluded that there is sufficient evidence to support expansion of CHWs providing injectable contraception.

In 2017, new WHO recommendations for task sharing were developed that recommended family planning services can be safely and effectively provided by different health workers cadres, under specified circumstances. These recommendations included task sharing to allow CHWs to provide injectables in the context of targeted supervision and monitoring and evaluation. You can read a summary of the recommendations in this two-page Marie Stopes International publication on task sharing here.

Thirty-five million women worldwide use injectable contraceptives to prevent pregnancy, and this number is projected to grow. In sub-Saharan Africa, injectable contraception is relied upon by more than one-third of women who use modern contraceptive methods, making it the most widely-used modern method in the region. Despite their popularity, levels of unmet need for injectables remain high in many countries. This is largely due to the serious health workforce shortages currently faced by 57 countries across the globe. In Africa alone, 36 of the continent’s 46 countries face critical shortages of doctors, nurses, and midwives.

For more information on global evidence on community-based access to injectables (CBA2I), you can access materials from the 2009 WHO technical consultation, including the widely-endorsed conclusions from the technical consultation, and country experiences, including peer-reviewed literature, presentations, and other materials.

Resources:

- **Hormonal Contraception and HIV Technical Update**

  To summarize current evidence and World Health Organization (WHO) revised guidance regarding use of hormonal contraception (HC) by women at high risk of acquiring HIV. On March 2, 2017, WHO issues revised guidance on the use of progestogen-only injectables (norethisterone enanthate [NET-EN] and depot medroxyprogesterone acetate [DMPA], in both intramuscular [IM] and subcutaneous [SC] forms) by women at high risk of HIV acquisition.

- **Hormonal Contraceptive Eligibility for Women at High Risk of HIV**

  The World Health Organization (WHO) convened a technical consultation during 1-2 December 2016 to review new evidence on the risk of HIV acquisition with the use of hormonal contraception. The issue was recognized as a critical one, particularly for sub-
Saharan Africa, where women have a high lifetime risk of acquiring HIV, hormonal contraceptives constitute a significant component of the contraceptive method mix and unintended pregnancy is a common threat to the well-being and lives of women and girls.

- Task sharing to improve access to Family Planning/Contraception

The WHO (World Health Organization) recognizes task sharing as a promising strategy for addressing the critical lack of health care workers to provide reproductive, maternal and newborn care in low-income countries. Task sharing is envisioned to create a more rational description of tasks and responsibilities among cadres of health workers to improve access and cost-effectiveness.

Materials from WHO Technical Consultation on Expanding Access to Injectable Contraceptives

This section provides access to materials from the 2009 Technical Consultation on Expanding Access to Injectable Contraception.

Resources:

- Hormonal Contraceptive Eligibility for Women at High Risk of HIV

The World Health Organization (WHO) convened a technical consultation during 1-2 December 2016 to review new evidence on the risk of HIV acquisition with the use of hormonal contraception. The issue was recognized as a critical one, particularly for sub-Saharan Africa, where women have a high lifetime risk of acquiring HIV, hormonal contraceptives constitute a significant component of the contraceptive method mix and unintended pregnancy is a common threat to the well-being and lives of women and girls.

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The WHO (World Health Organization) recognizes task sharing as a promising strategy for addressing the critical lack of health care workers to provide reproductive, maternal and newborn care in low-income countries. Task sharing is envisioned to create a more rational description of tasks and responsibilities among cadres of health workers to improve access and cost-effectiveness.

Background Papers

Resources:

• Use of and Unmet Need for Injectable Contraception

This document examines patterns of the current use of and unmet demand for injectable services. Trends in use of clinic and non-clinic-based services for injectables, differentials in injectable use by place of residence, and potential negative consequences of increased use of injectables are explored. Information described in this paper informed the Technical Consultation on Expanding Access to Injectable Contraception.

• Expanding Access to Injectable Contraception

This document examines the popularity, efficacy, and safety of injectable contraceptives and explores means of expanding global access to injectables.

Presentations

Resources:

• Improving Contraceptive Access in Hard to Reach Populations: Community-Based Distribution of Injectable Contraceptives
This slide set describes the introduction of community-based distribution of DMPA in Madagascar.

- **Bangladesh Experience in Expanding the Delivery of Injectable Contraception: A Brief Overview**

This slide set describes Bangladesh’s experience with community-based distribution of injectable contraception, including lessons learned.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation**

This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI 360 in June 2009.

- **Expanding Access to Injectable Contraceptives: Background**

This slide set provides information on the prevalence of injectable contraceptive use, as well as the safety and means of providing injectable contraception.

- **Injectable Contraception: Wave of the Future or Tsunami**

This slide set explores the demand for, and use of, injectable contraceptives in comparison with other modern contraceptive methods.

- **Task Sharing in Family Planning**
This slide set examines ways that task sharing in family planning service provision can mitigate the critical health workforce shortages currently faced by 57 countries worldwide.

- **Malawi’s Road to Community-Based Distribution of Injectable Contraceptives**

  This slide set describes the process of introducing community delivery of DMPA by Health Surveillance Assistants.

- **Expanding Access to Injectable Contraception in Uganda**

  This slide set describes Uganda's process in scaling-up community-based access to injectables, including policy issues.

- **Nepal's Experience in Expanding the Delivery of Injectable Contraception**

  This slide set describes Nepal's experience with community-based distribution of injectable contraception, including lessons learned.

**Conclusions**

**Resources:**

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions From a Technical Consultation**

  In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30
technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

Country Experiences

In some countries or regions community-based access to injectables (CBA2I) is routine, while in other areas CBA2I is a new alternative for family planning services to address unmet need and hard-to-reach communities. This section of the toolkit offers experiences from a number of countries and regions implementing CBA2I programs.

This map illustrates the status of the provision of injectable contraception by community health workers by country in sub-Saharan Africa. As of November 2018, a total of 12 countries have adopted policies that support CBA2I, 5 countries have policy dialogue and scale-up underway (Liberia, Niger, Burkina Faso and DRC, and Benin) and 4 additional countries have completed pilots or have pilots underway (Sierra Leone, Tanzania and Togo). This practice has gained momentum as the evidence base has grown and countries have begun to focus on expanding access to FP at the community level to meet their development goals. As the map focuses on SSA, due to FHI 360 work there, Afghanistan and Pakistan both have robust CBA2I programs. One factor that helps explain the momentum we’ve seen since 2009 is the global advocacy efforts of FHI 360 and other organizations. Expanding Community-Based Access to Injectables (CBA2I): Initiatives in Selected sub-Saharan African Countries provides an overview of selected CBA2I initiatives in sub-Saharan Africa. Find additional relevant materials from a number of countries by clicking on the links below. Other countries, such as Pakistan and Tanzania, are also implementing CBA2I, and the toolkit will be updated with new country-specific resources as they become available. These country experiences are intended to inform health policy makers, program managers, and service providers of the strategies, challenges, successes and lessons learned from CBA2I activities.

Click on the links below to access materials from a particular country.

| Afghanistan | Bangladesh | Ethiopia | Guatemala |
For a recent pilot project implemented by Management Sciences for Health, Afghan nongovernmental organizations, and the Afghanistan Ministry of Public Health (MOHP), the MOPH granted community health workers (CHWs) permission to administer a client's first injection of Depo-Provera. CHW's had previously been restricted to providing only second and subsequent injections. During the pilot, the contraceptive prevalence rate increased by roughly 25 percent in the project areas. The pilot revealed that traditional rural communities largely accepted CHW provision of injectables, due in part to the quality counseling that accompanied initiation. The rapid uptake of injectables demonstrated by the pilot project spurred the MOPH to endorse community-based access to injectables (CBA2I) for national scale-up. In 2009, national policy was revised to permit CHWs to provide the first dose of DMPA using a screening checklist.

Resources:

- Afghanistan: Innovations in Family Planning: The Accelerating Contraceptive Use Project

This document describes the innovative initiatives undertaken to strengthen contraceptive services provided almost exclusively by CHWs through the Accelerating Contraceptive Use (ACU) project.

Bangladesh

In 1975, the government of Bangladesh initiated community-based distribution (CBD) of injectable contraceptives in six villages to assess its effect on contraceptive use. In 1977, injectables were made available to all 150 villages in the Matlab subdistrict that were receiving CBD services. By 1979, DMPA was the most popular contraceptive method, relied on by roughly...
half of all women using modern methods in the region. CBD of injectables was expanded to two more subdistricts in 1984 and then eight more in 1993, the year the Ministry of Health (MOH) piloted an program in which family welfare assistants (FWAs) provided DMPA in 15 subdistricts. In 2005-2006, this program was scaled up nationally.

Resources:

- **Bangladesh Experience in Expanding the Delivery of Injectable Contraception: A Brief Overview**

  This slide set describes Bangladesh's experience with community-based distribution of injectable contraception, including lessons learned.

- **Community-Based Distribution of DMPA: The Matlab Project, Bangladesh**

  In 1975, the government of Bangladesh, in collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), initiated community-based distribution (CBD) of condoms and oral contraceptives to 150 villages in the Matlab subdistrict. The injectable contraceptive depot medroxyprogesterone acetate (DMPA or Depo-Provera) was made available in only six villages to assess its effect on the program. In 1977, the program was modified to make DMPA available in all participating villages and to improve the training and supervision of local providers - changes that substantially increased contraceptive acceptance and almost doubled the one-year contraceptive continuation rate. By early 1979, DMPA had replaced oral contraceptives as the most popular method, accounting for roughly half of all contraceptive use. CBD of contraceptives was successfully expanded to the Abhoynagar and Sirajganj subdistricts in 1984, more than doubling the regions' contraceptive use, in general, and increasing injectable use, in particular, from 0.1 percent to 25 percent. CBD of contraceptives was further expanded to eight more subdistricts in 1993. Despite some flaws in provision by CBD workers, surveys found better counseling, accessibility, and client satisfaction in regions where CBD of injectable contraceptives was available.

**Benin**

In 2014, the Benin Ministry of Health (MOH) Mother and Child Health Directorate (Direction de la Santé de la Mère et de l’Enfant/DSME) approved a small pilot project implemented by the Advancing Partners & Communities project to allow health workers known as aides-soignantes to provide injectable contraceptives (i.e., Noristerat) in the community and in health centers. Results
from the pilot project showed that aides-soignantes were able to provide safe and acceptable injectable services in the study areas and that clients were very satisfied with the services they received. Building upon this momentum, in 2016 the DSME authorized CHWs, known as relais communautaires, to administer DMPA-SC (brand name Sayana® Press) at the community level. DMPA-SC will initially be introduced in 10 health zones and then scaled nationally to the remaining 24 health zones.

Resources:

- Assessment of a Pilot Project to Introduce Community-Based Provision of Injectables in Benin

At the 2013 International Family Planning Conference in Addis Ababa, Benin formally announced a commitment to increase the contraceptive prevalence rate (CRP) to 20 percent by 2018, a goal that was affirmed with the launch of the National Costed Family Planning Plan for 2014-2018. According to the 2012 Demographic and Health Survey, the national CPR for modern methods was 7.9 percent, with family planning use higher in urban areas (9.5 percent) compared to rural (6.8 percent).

- Supporting Community Health and Family Planning

While Benin has made some progress in infant and neonatal mortality in recent years, the maternal mortality rate remains high at an estimated 405 deaths per 100,000 live births, almost double the global average. Since 2013, the USAID-funded Advancing Partners & Communities Project (APC) has been working with local NGOs in Benin to implement a community-based package of health care services to address infant, maternal, and neonatal mortality in the country. The package includes family planning interventions, which enable women and families to make informed choices about their sexual and reproductive health. This video shows how APC and Ministry of Health are working to bring healthcare to the doorstep of the communities.

- DMPA-SC (Sayana® Press) Introduction in Benin: Learnings, Successes, and Challenges


- Benin's Community-Based Access to Injectable Contraceptives Pilot Project

Global research evidence on community-based access to injectable contraceptives (CBA2I)
shows that trained community health workers (CHWs) can safely, acceptably, and effectively provide injectable contraceptive services in their communities. In addition, recent international technical guidance promotes the introduction, continuation, and scale-up of this service delivery model. Currently, women in Benin can only access injectable contraceptives at a health facility, thereby limiting access to those who live in rural communities.

**Ethiopia**

In 2008-2009, a pilot project was conducted by the Bixby Center for Population, Health & Sustainability, the Tigray Regional Health Bureau, and Venture Strategies for Health and Development to increase contraceptive prevalence and reduce the current high unmet need for family planning in rural areas of Ethiopia. In addition, the project was intended to provide evidence to policy makers to expand community based distribution (CBD) of the injectible contraceptive, depot medroxyprogesterone acetate (DMPA), in both Tigray and other regions of Ethiopia where community based reproductive health agents (CBRHAs) or other community health workers (CHWs) are present. The implementers of this successful pilot are currently exploring the expansion of CBD of injectables with the ultimate goal of regional and national policy change to support community-based access to injectables (CBA2I).

**Resources:**

- **Community Health Workers as Social Marketers of Injectable Contraceptives: A Case Study from Ethiopia**

  Ethiopia has made notable progress in increasing awareness and knowledge of family planning and is considered a success story among funders and program planners. Yet unmet need among rural women (28.6%) is almost double that of urban women (15.5%), with a wide gap in total fertility rate depending on urban (2.6) or rural (5.5) residence. This study investigates the impact of a service delivery model that combines community-based distribution (CBD) of contraception with social marketing in Tigray, Ethiopia, to create a more sustainable approach to CBD.

- **Provision of Injectable Contraceptives in Ethiopia Through Community-Based Reproductive Health Agents**

  This article describes a pilot study in Ethiopia that demonstrated receiving injectable contraceptives from community-based reproductive health agents (CBRHAs) proved as safe
and acceptable to a sample of Ethiopian women as receiving them in health posts from health extension workers (HEWs).

Guatemala

In 1995, the Guatemalan family planning association Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), in partnership with the Population Council, conducted operations research comparing acceptance and continuation rates between clinic provision and community-based provision of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA). At 15 months, the continuation rate for clients of community-based distributors (CBDs) was 90 percent, which was identical to the clinic continuation rate. CBDs also achieved high acceptance and continuation rates among rural Mayan women, an important goal of the program. Due to the success of this program, APROFAM expanded community-based distribution of DMPA throughout the country to all of its 22 districts of operation. All community-based promoters in APROFAM's rural development program are trained to provide DMPA services. Furthermore, CBDs now distribute not only progestinonly DMPA, but also the monthly combined (progestin and estrogen) injectable Cyclofem.

Resources:

- **Community-Based Providers in Rural Guatemala Can Provide the Injectable Contraceptive DMPA Safely**

  The specific objectives of the study were to assess client satisfaction and competence of community-based providers in providing the three-monthly injectable contraceptive depot-medroxyprogesterone acetate (DMPA).

- **Community-Based Distribution of DMPA: The APROFAM Project, Guatemala**

  In 1995, the Guatemalan family planning association Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), in partnership with the Population Council, conducted operations research comparing acceptance and continuation rates between clinic provision and community-based provision of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA). The project provided community-based provision of DMPA to over 750 women in four districts. At 15 months, the continuation rate for clients of community-based distributors (CBDs) was 90 percent, which was identical to the clinic continuation rate. CBDs
also achieved high acceptance and continuation rates among rural Mayan women, an important goal of the program. Follow-up of community-based distributors who had the most clients and who provided the most couple-years of protection noted that these successful CBDS tended to be women over 30 years old who were recognized as community leaders. Among all clients served by CBDS, only three infections were reported. Due to the success of this program, APROFAM expanded community-based distribution of DMPA throughout the country to all of its 22 districts of operation. All community-based promoters in APROFAM's rural development program are trained to provide DMPA services. Furthermore, CBDS now distribute not only progestin-only DMPA, but also the monthly combined (progestin and estrogen) injectable Cyclofem.

Kenya

A recently-completed pilot has generated local evidence that confirms safety, acceptability, and feasibility of community-based provision of Depo Provera. Based on the positive results of the pilot, the Division of Reproductive Health and collaborating partners are recommending that the Kenya Ministry of Health take steps to create a policy environment conductive to CBA2I and consider scaling up this service delivery model.

Resources:

- ?A cup of tea with our CBD agent ? ?:Community Provision of Injectable Contraceptives in Kenya is Safe and Feasible

  Community health workers can safely provide the injectable DMPA when appropriately trained and supervised. We also found a fivefold increase in contraceptive uptake—a finding that builds on evidence from other countries for supportive policy change.

- Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and Outcomes From a Pilot Project in Tharaka District, Eastern Province of Kenya

  This report documents the Tharaka district pilot, highlights lessons learned, and recommends
the way forward given the positive outcomes.

Madagascar

As of 2006, Madagascar’s guidelines allow community health workers to provide injectables. Since CBA2I was piloted in 2007, the program has been scaled up to 24 additional districts.

Resources:

- Community-Based Provision of Injectable Contraceptives in Madagascar: 'Task Shifting' to Expand Access to Injectable Contraceptives

Abstract

Introduction Injectable contraceptives are now the most popular contraceptive methods in sub-Saharan Africa. Injectables have not been an option for African women lacking convenient access to health facilities, however, since very few family planning programmes permit community-based distribution (CBD) of injectables by non-medically trained workers. Committed to reducing unmet contraceptive need among remote, rural populations, the Ministry of Health and Family Planning (MOHFP) of Madagascar sought evidence regarding the safety, effectiveness and acceptability of CBD of injectables. Methods The MOHFP joined implementing partners in training 61 experienced CBD agents from 13 communities in provision of injectables. Management mechanisms for injectables were added to the CBD programme’s pre-existing systems for record keeping, commodity management and supervision. After 7 months of service provision, an evaluation team reviewed service records and interviewed CBD workers and their supervisors and clients. Results CBD workers demonstrated competence in injection technique, counselling and management of clients’ re-injection schedule. CBD of injectables appeared to increase contraceptive use, with 1662 women accepting injectables from a CBD worker. Of these, 41% were new family planning users. All CBD agents wished to continue providing this service, and most supervisors indicated the programme should continue. Nearly all clients interviewed said they intended to return to the CBD worker for re-injection and would recommend this service to a friend. Conclusions This experience from Madagascar is among the first evidence from sub-Saharan Africa documenting the feasibility, effectiveness and acceptability of CBD services for injectable contraceptives. This evidence influenced national and global policy makers to recommend expansion of the practice. CBD of injectables is an example of effective task shifting of a clinical practice as a means of extending services to underserved populations without further burdening clinicians.
Scaling Up Community-Based Distribution of Injectable Contraception: Case Studies from Madagascar and Uganda

These case studies explore how Madagascar and Uganda pursued different approaches to the expansion of CBA2I, particularly with respect to the timing of policy change. In Madagascar, a policy change triggered the process. In Uganda, a pilot study led to the gradual expansion of services, which in turn led to a formal policy change. Both approaches can lead to success.

Malawi

As of 2008, Malawi’s guidelines permit Health Surveillance Assistants (HSAs) to provide injectables. In 2009, HSAs began providing the injectable, Depo Provera, in nine pilot districts, following a feasibility study by the Health Policy Initiative. An evaluation demonstrated that the provision of Depo Provera by HSAs was safe, acceptable, and expanded access by attracting clients to family planning.

Resources:

• Malawi - Monitoring and Evaluation of Community-Based Access to Injectable Contraception

This document summarizes responses FHI 360 received while conducting interviews with those involved with CBA2I as part of a case study conducted in Malawi in 2017. Interview subjects were those responsible for administering the CBA2I program, including higher-level government officials in the family planning division, district staff, facility-based staff, and community health workers who provide CBA2I. In addition, we spoke with personnel at nongovernmental organizations who played a role in establishing CBA2I projects, and specifically the M&E of those projects.

• Effect of Self-Administration Versus Provider-Administered Injection of Subcutaneous Depot Medroxyprogesterone Acetate on Continuation Rates in
Malawi: a Randomised Controlled Trial

Injectable contraceptives are popular in sub-Saharan Africa but have high discontinuation rates due partly to the need for provider-administered re-injection. We compared continuation rates of women who self-injected subcutaneous depot medroxyprogesterone acetate (DMPA-SC) and women who received DMPA-SC from a healthcare provider, including community health workers (CHWs).

Client and Provider Experiences with Self-Administration of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC) in Malawi

As low- and middle-income countries (LMICs) consider adding self-administration of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) to their contraceptive method mix, learning about family planning clients' and providers' experiences with self-injectable DMPA-SC during trials will inform introduction and scale-up efforts.

Women's Satisfaction, Use, Storage and Disposal of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC) During a Randomized Trial

To describe women's experiences with subcutaneous depot medroxyprogesterone acetate (DMPA-SC) to inform scale-up of self-administered DMPA-SC.

Malawi's Road to Community-Based Distribution of Injectable Contraceptives

This slide set describes the process of introducing community delivery of DMPA by Health Surveillance Assistants.

Mozambique
In July 2010, the Mozambique Ministry of Health (MISAU) approved the revitalization of the Agente Polivalente Elementar (APE) Program, as well as the use of traditional birth attendants (TBAs) to mobilize the community for increased utilization of family planning methods. With this opportunity, the Mozambican Society of Obstetricians and Gynecologists (AMOG), in conjunction with the Bixby Center at the University of California, Berkeley and Pathfinder International, implemented a pilot study for the distribution of DMPA by both APEs and TBAs, the first ever project to test a model for CBD of DMPA in Mozambique.

In 2014, Pathfinder conducted a safety and feasibility study of community-based distribution of DMPA. The pilot study was conducted in the Montepuez and Chiure districts of northern Mozambique. The findings from this pilot study supported that community-based distribution of DMPA by AFEs and TBAs is safe, feasible, effective and acceptable to women.

Resources:

- Community-Based Distribution of DMPA in Montepuez and Chiure Districts of Mozambique

Program brief on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015. The study was a joint project between Pathfinder International, Associação Moçambicana de Obstetras e Ginecologistas (AMOG), and the Bixby Center for Population, Health and Sustainability under the USAID-funded Extending Service Delivery/Family Planning Initiative and Evidence to Action (E2A).

- Final Report: Community-based Distribution of DMPA in Montepuez and Chiure Districts in Cabo Delgado, Mozambique

This is the final report on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015. The study was a joint project between Pathfinder International, Associação Moçambicana de Obstetras e Ginecologistas (AMOG), and the Bixby Center for Population, Health and Sustainability under the USAID-funded Extending Service Delivery/Family Planning Initiative and Evidence to Action (E2A).
Community-Based Distribution of DMPA in Montepuez and Chiure Districts in Cabo Delgado, Mozambique

This PowerPoint, "Community-based Distribution of DMPA in Montepuez and Chiure districts in Cabo Delgado, Mozambique - Results from the Operations Research Project" was presented by Bixby Center for Population Health & Sustainability at the May 26, 3015 webinar Expanding CBA2I in Mozambique: Findings from a safety and feasibility study of community-based distribution of DMPA.

• A Safety and Feasibility Study of Community-Based Distribution of DMPA in Cabo Delgado, Mozambique

This presentation, "A safety and feasibility study of community-based distribution of DMPA in Cabo Delgado, Mozambique", was presented by Pathfinder Mozambique at the May 26, 3015 webinar Expanding CBA2I in Mozambique: Findings from a safety and feasibility study of community-based distribution of DMPA.

Nepal

In the 1990's pilot programs demonstrated that community health workers (CHWs) could be trained to provide Depo-Provera at the community level using a simple checklist. Based on the findings of these pilots, the Nepal Ministry of Health (MOH) revised its national policy to support CHW provision of injectables.

Resources:

• Nepal's Experience in Expanding the Delivery of Injectable Contraception

This slide set describes Nepal's experience with community-based distribution of injectable contraception, including lessons learned.

• Nepal Family Health Program Technical Brief #6: Improving Access to Family Planning Services in Rural Areas

This brief summarizes the strategic approach, key activities, results, lessons learned,
challenges, and recommendations of the Nepal Family Health Program's efforts to expand access to family planning services in rural Nepal.

Nigeria

Nigeria's guidelines allow provision of injectables by Senior Community Health Extension Workers (CHEWs) in clinics. A pilot project completed in 2010 demonstrated a significantly higher uptake of injectables by clients from community-based compared to facility-based provision and showed that CHEWs can safely administer injections and dispose of wastes. This evidence fostered a verbal policy change which permitted Senior CHEWs to provide injectable contraceptives at the community level. There is large potential to scale-up CBA2I using the Senior CHEW cadre given the existing public health infrastructure.

Resources:

- The Effectiveness of Community-Based Access to Injectable Contraceptives in Nigeria: A Technical Report

This report documents Nigeria's community-based access to injectables pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

Rwanda

The Rwanda Ministry of Health is rolling-out a phased approach to scale up community-based family planning, including injectables. Under the National Guidelines on Community Based Distribution of Family Planning, community health workers are allowed to administer injectable contraception to women who receive their first injection at a health center.

Resources:

- Introducing Community-Based Provision of Family Planning Services in Rwanda: A Process Evaluation of the First Six Months of Implementation
As Rwanda is Africa’s most densely populated country, the Government (GOR) has recognized that facilitating rational population growth is key to its economic development. The GOR has set a target of achieving 70% contraceptive prevalence by 2012. Among other strategies, the GOR is working to increase access to modern contraceptive services by bringing them closer to the population. To this end, the Ministry of Health (MOH) adopted a strategy of using community health workers (CHWs) in the delivery of FP services at the village level.

**Senegal**

CBA2I began in Senegal in 2010 with a pilot. Based on the positive results of a 2010 pilot of community-based distribution (CBD) of pills, the Ministère de la Santé et de l’Action Sociale (MOH) revised the national reproductive health policy, norms, and standards document to allow two cadres of CHWs, agents de santé communautaire and matrones, to administer pills and injectable contraceptives. The MOH implemented a CBA2I demonstration pilot in 2012. During the pilot, 45 CHWs served 1,078 family planning clients; 670 chose DMPA, and of these, 65% were first-time users of contraception. Most CHWs correctly and confidently provided DMPA injections and counseling. Clients were satisfied with the services (99%) and overwhelmingly (94%) stated their intent to get their next injection from CHWs. This pilot demonstrated the feasibility of CBA2I in Senegal. In May 2013, pilot results were shared and discussed with key stakeholders, who endorsed scaling up the service and made several recommendations to facilitate the process. In 2017, a study by PATH concluded that self-injection is feasible and acceptable among most study participants in Senegal.

**Resources:**

- **Monitoring and Evaluation of Community-Based Access to Injectable Contraception**

This document summarizes responses FHI 360 received while conducting interviews with those involved with CBA2I as part of a case study conducted in Malawi in 2017. Interview subjects were those responsible for administering the CBA2I program, including higher level government officials in the family planning division, district staff, facility-based staff, and community health workers who provide CBA2I. In addition, we spoke with personnel at nongovernmental organizations who played a role in establishing CBA2I projects, and specifically the M&E of those projects.
Evaluating the feasibility and acceptability of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Senegal: a prospective cohort study

Expanding contraceptive options through self-injection may improve access and confidentiality. There are few published studies on contraceptive self-injection in sub-Saharan Africa and none in West Africa, a region with high unmet need. This study was performed to assess feasibility of subcutaneous DMPA self-injection in Senegal; objectives were to (1) measure the proportion of participants who self-injected competently 3 months after training, (2) measure the proportion who self-injected on time (defined conservatively as within 7 days of reinjection date) and (3) assess acceptability of self-injection.

Acceptability of Depo-subQ in Uniject, Now Called "Sayana Press"

Sayana Press, a subcutaneous formulation of depot medroxyprogesterone acetate (DMPA) in the Uniject injection system, has the potential to be a valuable innovation in family planning service delivery because its prefilled design may overcome logistic and safety challenges in delivering intramuscular DMPA. The ultimate success of Sayana Press hinges on it being affordable and acceptable to family planning clients, providers, and decision makers.

Uganda

CBA2I in Uganda began in 2004 with a pilot. Within three years, the community-based distribution of injectables program was replicated in six additional districts by both public- and private-sector partners. In February 2011, the Ministry of Health signed into policy an addendum to Uganda’s National Policy Guidelines and Service Standards for Sexual and Reproductive Health in support of CBA2I. With the impending policy amendment and the development of new national public health sector Village Health Teams, the potential for national scale-up of CBA2I in Uganda is great.

Resources:

- Monitoring and Evaluation of Community-Based Access
to Injectable Contraception

This document summarizes responses FHI 360 received while conducting interviews with those involved with CBA2I as part of a case study conducted in Uganda in 2017. Interview subjects were those responsible for administering the CBA2I program, including higher-level government officials in the family planning division, district staff, facility-based staff, and community health workers who provide CBA2I. In addition, we spoke with personnel at nongovernmental organizations who played a role in establishing CBA2I projects, and specifically the M&E of those projects.

- **Policy Advocacy Lessons Learned: Drug Shops' Provision of Injectable Contraception in Uganda**

In Uganda, drug shops are distinct from pharmacies in several ways. Legally, drug shops can sell only nonprescription drugs, and must be registered with the Ugandan National Drug Authority (NDA) and be owned by medically qualified persons with at least nurse or midwife training; nonowner operators must have received training at least at the level of nursing aide.

- **Uganda National Drug Authority Approves Drug Shops in 20 Districts to Provide Injectable Contraception**

In July 2017, the Ugandan National Drug Authority (NDA) Board authorized the stocking of injectable contraceptives in private drug shops in 20 select districts. Until now, local drug shops - often women's closest healthcare establishment - offered a limited range of family planning methods: pills, condoms, and emergency contraception, alongside other medical products.

- **Managing the Policy Advocacy Process: Drug Shops' Provision of Injectable Contraception in Uganda**

Private drug shops could offer an opportunity to expand access to family planning because they are commonplace in rural areas and support a sustainable commercial market for health products. Uganda has 6,363 registered drug shops (2010) and many more unregistered ones serving rural areas where 80% of the population lives (DHS 2011).
Self-Injection Best Practices Project: Uganda

Access to a range of contraceptive choices allows each woman to find her best option for preventing unintended pregnancies. Injectable contraceptives have been widely used for decades, providing three months of protection from pregnancy between each injection.

• Delivery of Injectable Contraception by Drug Shop Operators in Uganda: Research and Recommendations

At the London Family Planning Summit in 2012, the Government of Uganda committed to providing universal access to family planning and reducing unmet need for family planning from the current 40 percent to 10 percent by 2022. To meet this ambitious goal, all potential means of increasing accessibility to family planning must be explored.

• Scaling Up Community Provision of Injectables Through the Public Sector in Uganda

Abstract: This case study presents service monitoring data and programmatic lessons from scaling up Uganda’s community-based distribution of depot medroxyprogesterone acetate (DMPA, marketed as Depo-Provera) to the public sector in two districts. We describe the process and identify implementation opportunities and challenges, including modifications to the service model. Analysis of monitoring data indicates that the number of women initiating DMPA with a community health worker (CHW) was 56 percent higher than the number of new DMPA acceptors served by clinics. Including continuing DMPA users, about three of every four DMPA clients chose CHWs as their service delivery point. CHW provision appears to be the preferred method of delivery for new DMPA users in this study, and may appeal even more to continuing clients. Lessons from scaling up in Uganda’s public sector include recognizing the needs for ongoing assessment of support, a process to gain community ownership, and spontaneous innovations to supplement CHW supervision. Individuals in developing countries can request a copy of the full-text article by sending an e-mail message to POPLINE.

• Scaling Up Community-Based Distribution of Injectable Contraception: Case Studies from Madagascar and Uganda
These case studies explore how Madagascar and Uganda pursued different approaches to the expansion of CBA2I, particularly with respect to the timing of policy change. In Madagascar, a policy change triggered the process. In Uganda, a pilot study led to the gradual expansion of services, which in turn led to a formal policy change. Both approaches can lead to success.

- **Expanding Access to Injectable Contraception in Uganda**

  This slide set describes Uganda's process in scaling-up community-based access to injectables, including policy issues.

**Zambia**

Since the conclusion of the successful CBA2I pilot in 2011, Zambia’s Ministry of Health has expressed desire for a public sector community-based family planning program. Although the current guidelines in Zambia do not allow community health worker provision of injectables, there is a policy dialogue underway within the Ministry of Health and the Ministry of Community Development Mother and Child Health to change policy. Once supportive policy change is in place, these ministries plan to finalize the community-based family planning strategy and roadmap for scale-up.

**Resources:**

- **Provision of Injectable Contraception Services through Community-Based Distribution in Zambia**

  This handbook, adapted and revised from the December 2010 edition, describes how to introduce injectable contraceptives to family planning services offered in an existing community-based distribution (CBD) program. The approach is based on the experiences of three pilot projects -- Zambia, Uganda and Madagascar. These countries are highlighted because of a persistent need for family planning services, the existence of established CBD programs, and the willingness of their governments to adopt this method of providing injectable contraceptives.

- **The Impact and Cost of Community Health Worker**
Provision of Injectable Contraception

The Zambia project contributes to our understanding of the impact of community-based provision of injectables on method choice and uptake and of the costs of adding DMPA to an established community-based family planning program. The project also illustrates the importance of involving stakeholders from the outset, analyzing costs relevant to scale up, and engaging in policy change dialogue not at the end, but rather throughout project implementation.

- Expanding Community Based Access to Injectable Contraception: Results of a Pilot Study in Zambia

This report captures the results from the community-based access to Injectable Contraception (CBA2I) pilot study in Zambia. The study examined the incremental or additive effect of Community-Based Distribution (CBD) agents providing DMPA, including: 1) their ability to provide DMPA to clients safely and effectively; 2) the acceptability of, and client satisfaction with, CBD agent delivery of depot medroxyprogesterone acetate (DMPA), including continuation rates; 3) if and how the workload of CBD agents and their supervisors changed with the addition of CBD provision of DMPA; and 4) the additional cost per couple-years of protection (CYP) of adding DMPA to the existing CBD-delivered family planning program of ChildFund Zambia, the implementing partner in the study.

- Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives

This presentation outlines the pilot conducted to evaluate the safety, acceptability, cost, and impact of adding provision of Depo-Provera by community based distributors to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.

Advocate
Conducting advocacy is an essential part of introducing community-based access to injectables (CBA2I). Advocacy can help gain buy-in at national and local levels, identify potential partners, and generate support. There should be combined support from the Ministry of Health, donor community and implementing partners for the program to be successfully implemented.

This tab contains a range of tools that can be used to support advocacy efforts around expanding CBA2I. The comprehensive Advocacy Guide outlines six steps for CBA2I advocacy, while the shorter Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy contains a series of six targeted advocacy resources with information on safety and effectiveness of the provision of injectables by community health workers. The four briefs in this series can be used together or individually to help answer common questions and provide background information on the practice. The map depicting the expansion of CBA2I initiatives in sub-saharan Africa can be used as a stand-alone tool to illustrate how the practice has been scaled up throughout the region. The widely-endorsed brief on the conclusions from the WHO technical consultation, as well as the set of advocacy briefs, can be powerful advocacy tools, particularly for high-level decision makers.

While CBA2I is not a new practice, it is fairly new to SSA. The regions first pilot study was conducted by FHI 360 in 1 district in Uganda in 2005. By 2009, Madagascar had changed policy and completed their pilot study. Nigeria and Kenya had initiated pilots. In Uganda, scale up to an additional 5 districts in both the public and private sector had begun, and discussions about changing policy were well underway. As of 2012, a total of 11 have adopted policies that support CBA2I. As of June 2016, a total of 11 countries have adopted policies that support CBA2I, 2 countries have policy dialogue and scale-up underway (Liberia, Zambia) and 5 additional countries have completed pilots or have pilots underway (Benin, Burkina Faso, DRC, Niger, Sierra Leone, Togo). As of March 2017, a total of 11 countries have adopted policies that support CBA2I, 3 countries have policy dialogue and scale-up underway (Liberia, Zambia, Benin) and 6 additional countries have completed pilots or have pilots underway (DRC, Sierra Leone, Tanzania, Togo, Burkina Faso, Niger). As of February 2018, a total of 12 countries have adopted policies that support CBA2I, 6 countries have policy dialogue and scale-up underway (Liberia, Niger, Burkina Faso and DRC, Tanzania and Benin) and 2 additional countries have completed pilots or have pilots underway (Sierra Leone and Togo). This practice has gained momentum as the evidence base has grown and countries have begun to focus on expanding access to FP at the community level to meet their development goals. These presentation focus on SSA, as FHI 360 has worked there, however, Afghanistan and Pakistan both have robust CBA2I programs. One factor that helps explain the momentum we?ve seen since 2009 is the global advocacy efforts of FHI 360 and other organizations.

Resources:
Advocacy Pack for DMPA-SC

Tools for advocacy and communications to increase access to a new type of injectable contraception. DMPA-SC is an innovative and easy-to-use injectable that is transforming contraceptive access, use, and choice for women and adolescent girls. DMPA-SC is currently being introduced or scale in Family Planning 2020 countries as Pfizer's branded product Sayana® Press.

Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy

This package includes a series of six targeted advocacy resources and a DVD to help promote CHW provision of injectable contraceptives through new and existing community-based family planning programs. These resources are intended to be used by advocates, program managers, policymakers, donors, ministry of health staff, and other key stakeholders such as faith-based groups, media, and family planning champions. Use these resources to craft a strategy for building support for CBA2I among key decision makers in your country. Begin by reviewing Resources 1-6. Then use the suggestions in Key Actions for CBA2I Advocacy (Resource 7) to develop an advocacy action plan. The package is available in French on the en francais tab here.

Guidance for Integrating the Provision of Injectable Contraceptives by CHWs into FP/SRH Policy

This brief provides guidance about writing policy to enable the provision of injectable contraceptives by non-clinical community health workers (CHWs). The guidance is informed by the experience of African countries with policies that promote community-based access to injectable contraceptives (CBA2I), such as Ethiopia, Madagascar, Malawi, Senegal, and Uganda. This guidance is intended for use by people who make and influence policy and who are interested in changing national policy to support the provision of injectable contraceptives by CHWs.

Injectable Contraception Provided by Community-Based Health Workers: One Important Step Toward Meeting Unmet Need
This editorial from Global Health: Science and Practice journal discusses how community-based provision of injectable contraception continues to advance and is gaining wider acceptance—a major step toward meeting unmet need. However, fully addressing family planning need will require access to a much wider range of methods, including long-acting reversible contraception and permanent methods.

• **Initiation of Injectable Contraceptives by Community Health Workers**

Programs around the world have demonstrated that allowing trained CHWs to administer injectable contraceptives can expand access to a woman’s preferred method, reduce unmet need for family planning in underserved areas, address the critical health workforce shortage faced by many countries, and increase the contraceptive prevalence rate. In Africa 13 countries are piloting, scaling up and/or changing policies to support the CBA2I practice. Twelve of these 13 countries permit CHWs to screen clients for eligibility to use injectable contraception and provide the first injection.

• **Educational Tour Guidance Package**

Educational tours can be an important component of an advocacy strategy that seeks to expand access to family planning services by introducing community-based access to injectables (CBA2I). In the past decade, educational tours have proven helpful in advancing community-based access to injectable contraceptives in a number of countries. The materials in this Educational Tour Guidance Package have been created and used by countries that have hosted or participated in educational tours in the past. The contents include sample communications documents; a sample agenda and tour program; a budget template; slides and documents to facilitate the formulation of learning objectives, reflections on the tour, and plans for moving forward; and examples of an executive summary and full summary report. Most of the items are available in Microsoft Word, Excel, or PowerPoint format so that they can be easily adapted.

• **Advocacy Video: ?Community-based Access to Injectable Contraception: Radical Common Sense?**

This short advocacy video covers the research and programmatic evidence on the provision of injectable contraception by community health workers and the latest efforts to implement CBA2I programs throughout sub-Saharan Africa. The video includes the personal story of a
woman in Uganda who has benefitted from the family planning services offered in her community.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions From a Technical Consultation**

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

**Pilot**

This section of the Community-Based Access to Injectable Contraceptives Toolkit contains resources to guide research and implementing organizations through the pilot phase of a community-based access to injectables (CBA2I) program. **Be sure to visit the Advocate and Implement sections of the toolkit for additional guidance on key components of a CBA2I pilot intervention.** Many of the tools in these sections apply to the pilot phase of a CBA2I program.

When piloting a CBA2I program, it is important to plan and implement the intervention in a manner that facilitates scale-up if the pilot is successful. This includes establishing financial support beyond the pilot phase to allow for dissemination of results, advocacy for policy change, and scale-up of the program. From the conceptualization stage on, key stakeholders should be engaged to ensure that the intervention is simple and relevant, that the goals and expectations
are clear, and that it is appropriate for the local setting. Whenever possible, a pilot should be conducted in conditions similar to those where it will eventually be scaled up if successful. During the pilot, in addition to effectiveness, the implementation process should be assessed, and lessons learned should be shared with stakeholders. The pilot phase is also the time to begin to advocate for changes in policy and service delivery guidelines to support CBA2I.

Resources:

- **Beginning with the End in Mind: Planning Pilot Projects and Other Programmatic Research for Successful Scaling Up**

  This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

- **Key Indicators for Community-based Access to Injectable Contraception Pilot Studies**

  An indicator is a measure of program performance that is tracked over time. This document presents potential process and outcome indicators organized according to phase of the community-based access to injectables (CBA2I) pilot along with the related evaluation questions, data sources and measurement tools.

- **Conducting a Pilot Project Using the Community-Based Access to Injectable Contraceptives Toolkit**

  This one-page summary of five critical steps in planning and implementing a community-based access to injectables (CBA2I) pilot project contains links to key materials assembled in the Community-Based Access to Injectable Contraceptives Toolkit.
Community Health Worker Provision of Injectable Contraception: An Implementation Handbook describes how to introduce injectable contraceptives to the suite of family planning services offered in an existing community-based distribution (CBD) program. The handbook details nine basic components for establishing and managing a community-based access to injectables (CBA2I) program. These components will help policy-makers and program managers determine whether and how to provide the service and then facilitate effective implementation that will pave the way for success and scale-up. It is important to recognize that the components are not chronological but interconnected and must be considered together.

This section of the toolkit addresses the components in the Implementation Handbook and provides additional tools such as curriculua, job aids, and other resources. Many of the materials located under the Implementation tab are also applicable to the pilot phase of a CBA2I program and the scale-up of a successful program.

PATH's Advocacy Pack for Subcutaneous DMPA-SC offers training and communications materials, guidance on introduction and scale up, information on self-injection, and more. Click here for resources in French.

**Determine Feasibility of and Need**

The global unmet need for family planning remains high, particularly in developing countries. Access to modern methods of contraception in these countries continues to be extremely limited, especially in remote, underserved areas. The shortage of skilled health care workers and weak distribution chains further limit access to family planning services. Because they are subtle and long-lasting, provision of injectable contraceptives by community health workers is a practical contraceptive option for many women in rural areas who lack access to a health facility. It will
also be important for you and your stakeholders to determine whether a particular CBD program is suited for the addition of injectable contraceptives to the existing method mix.

Resources:

- **Guide for Assessing National Readiness to Expand Community-based Access to Injectables**

  This guide is designed to help program managers, advocates, potential implementers, and other stakeholders assess national-level readiness to introduce community-based distribution of injectable contraception.

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**Evaluate the Potential Costs**

The costs of adding injectable contraceptives to an existing CBD program are an important consideration when planning for implementation. As a program manager, you will need to gather data to assess the costs of each phase of implementation including engaging stakeholders and planning the intervention, preparing for service delivery and implementing and evaluating the new program. This tab provides tools to help program managers synthesize and analyze the costing data so that it can be shared with stakeholders to inform scaling up. Costing information can also be used to educate decision makers about implementing CBA2I and investing in this family planning strategy.

Resources:

- **Guidance on Costing for Scale-Up**
This guidance is drawn from a 2010 experience with a Community-Based Access to Injectables (CBA2I) pilot study in Zambia. These helpful tips accompany the sample costing tool.

**Sample CBA2I Costing Tool**

This Excel workbook can be used to collect costing data-- actual time spent and resources used-- for a CBA2I pilot project. This data will inform planning and budgeting for scale-up of a successful program. This tool can be adapted to meet the unique needs of a particular setting.

**Integrate CBA2I into National Policy and Service Guidelines**

This section of the toolkit provides guidance on reviewing existing national family planning policy and service delivery guidelines and advocating for the necessary changes to support community-based access to injectables (CBA2I). This section also includes examples of revised national policies from selected countries. The process, sequence and duration of policy change efforts can vary by country. Implementation of a CBA2I program is not necessarily dependent on policy change. Efforts to amend policy can be done in parallel with the program implementation process and are not necessarily a prerequisite to piloting or even scaling up CBA2I.

**Resources:**

- **APC Community Health Systems Catalog**

  The APC Community Health Systems (CHS) Catalog was updated in 2017 and provides
recent information on country community health systems. The CHS Catalog draws from policies and related documentation across the 25 countries deemed priority by USAID's Office of Population and Reproductive Health. It includes specific attention to family planning, a core focus of the APC project, and is intended for policymakers, program managers, researchers, and donors interested in learning more about the current state of community health systems.

- **Guidance for Integrating the Provision of Injectable Contraceptives by Community Health Workers into Family Planning/Sexual and Reproductive Health Policy**

National policy documents contribute to the success of health programs by ensuring that service-delivery practices are understood, supported, and institutionalized throughout the health system. Policies provide high-level guidance on what health services should be offered, who should provide them, and where they should be provided. They also outline the specific roles, responsibilities, and limitations of various cadres of health workers.

**Mobilize the Community and Raise Awareness**

When a new community-based access to injectables (CBA2I) program is introduced to a community, clients will need to learn of its availability, and local opinion leaders will need to support and promote it. This section describes a set of activities program managers can use to prepare the target population to receive the program and gain buy-in from local authorities. Other tools provided in this section include examples of communication with stakeholders.

**Resources:**

- **Community Mobilization (CBFP Toolkit)**
The Community Mobilization tab in the Community-Based Family Planning (CBFP) Toolkit contains a wealth of materials on community sensitization and mobilization. Community involvement or mobilization can lead to better community-based family planning (CBFP) programs and outcomes. Community members have the best understanding of their own culture, norms, beliefs and traditions. Thus, participation by community members can assist in more relevant, cost-effective, gender equitable and socially equitable CBFP programs. This, in turn, leads to increased community support and demand for family planning. Service delivery organizations implementing CBFP typically have context-specific community sensitization documents and can provide guidance for developing this component.

Ensure a Logistical System that Supports Proper Waste Management and a Steady Provision of Supplies

Maintaining a strong logistics system is challenging, yet critical to the success of a community-based access to injectables (CBA2I) program, particularly where there has been no or limited access. An adequate logistics system must fulfill six rights: having the right goods, in the right quantities, in the right condition delivered to the right place, at the right time, for the right cost. This section of the toolkit identifies a number of important considerations that must be taken into account when designing and assessing a logistics system. The Commodities Tracking Form for CHW Program, available as part of Appendix 6 of the Implementation Handbook, helps service providers track their stock of contraceptive supplies.

Resources:

- Community Supply Chain Illustrations
These illustrations are for community health workers (CHWs) and facility-based health workers. They illustrate the processes for community supply chain management. They were developed for CHW provision of health services generally, including family planning.

- Card 1 - Can be printed and displayed in health facility to guide CHWs and other health facility staff on the community supply chain procedures (print A2 or larger)
- Cards 1-5 were meant to be printed as reference materials for the CHWs (print A4 and give copies to individual CHWs)

Cards should be laminated for longevity and hole punched on the upper left hand corner. Through this, a metallic ring can hold all cards together and allow the health worker to easily flip from one to another.

- **Logistics and Waste Management Benefits of depo-subQ in Uniject**

To understand how the current intramuscular version of depot medroxyprogesterone acetate (DMPA) injectable contraceptive compares with the new formulation packages in the Uniject, PATH conducted a comparative analysis of the two products. The analysis focused on the waste management implications, identifying key quantitative and qualitative differences between the two products.

- **Guide to Health Care Waste Management for the Community Health Worker**

This guide provides practical guidance for community health workers on how to safely handle and dispose of hazardous waste. It describes the basic principles of waste management and offers solutions for managing the waste generated from everyday activities carried out in the community.

- **Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide**

This document provides guidance in the design of supply chain management (SCM) systems for community-based distribution (CBD) programs. This guide presents four SCM models for CBD programs that provide guidance on supply chain functions, including logistics.
management information systems (LMISs), inventory control systems, storage, distribution, and capacity building, that can be adapted and applied to a variety of country contexts. This guide also shares lessons learned on current SCM practices from a range of CBD programs across the globe. This guide does not intend to offer prescriptive SCM models to be followed rigidly. Rather, it is intended to serve as a resource of tools that can be modified and adapted for use by any public sector government or organization that implements CBD programs.

- **DMPA-SC LAN Virtual Discussion: Waste management challenges of DMPA-SC self-injection**

DMPA-SC Learning and Action Network (LAN) hosted a virtual exchange on Waste Management Challenges of DMPA-SC fo self-injection. Discussants and participants shared experiences related to waste management for DMPA-SC self-injectors from their countries; discussed waste management options and feasibility at the household level in various country settings; and shared guidance and resources for decision-making around incorporating waste management options into DMPA-SC introduction plans and program guidance. These are the PowerPoint presentations and notes from this virtual exchange.

**Training**

The success of a community-based access to injectables (CBA2I) program will depend in large part on its CBD agents. Train the community-based distributor to provide the service provides guidance on selection criteria for choosing community health workers (CHWs), designing a training curriculum appropriate for CHWs’ level of knowledge and experience, and ensuring the training effectively prepares CHWs to provide injectable contraceptives. This section includes a sample curricula that program managers can adapt and tools for trainees such as job aids and checklists.

Additional materials can be found on the K4Health Injectables toolkit.

**Resources:**

- **Community Health Worker Provision of Injectables for**
DMPA-SC (Sayana® Press), Including Self-Injection

This curriculum was developed to assist in the training of community health workers in the use of injectables, subcutaneous DMPA (DMPA-SC, brand name Sayana® Press). This curriculum includes a sample curricula and job aids.

• Family Planning Training for Drug Shop Operators

The Drug Shop Operators Family Planning Curriculum gives a synopsis of each topic, the learning objectives for each training session, materials and preparation needed, detailed instructions for trainers, suggested adult learning methods, and suggested time for each session. The curriculum consists of three primary documents, this trainer’s guide, a reference manual and a job aids booklet.

1. Trainers Guide: For the trainers to use. Provides all the instructions about how to conduct activities and which resources are needed.

2. Reference Manual: For trainers and participants. Each participant should receive a copy at the beginning of the training. The manual provides information that DSOs need to know. It also includes materials that are used during the course activities.

3. Job Aids Booklet: For use by the DSOs at their shops. It contains job aids that support the various tasks that DSOs are expected to conduct. It will be used throughout the training as participants learn and practice new tasks.

• Training for Community-Based Delivery of Injectable Contraceptives (DMPA-IM)

FHI 360 and ChildFund Zambia developed this curriculum with support from USAID as part of a pilot introduction of community-based delivery of intramuscular DMPA (DMPA-IM) in Zambia as part of ChildFund’s community-based family planning program. This curriculum for training community health workers to provide injectable contraceptives can be used as a sample curriculum that other programs can adapt to suit their own needs. This curriculum is intended for CHWs who have already been trained to provide family planning services in their communities (primarily oral contraceptive pills and condoms). Therefore, this curriculum includes a refresher on the full range of family planning methods and key concepts such as counseling and recordkeeping, while focusing on the safe provision of injectable contraceptives.
Establish Systems of Supportive Supervision

Effective supervision is used to support the performance of community health workers (CHWs) and the overall quality of the community-based access to injectables (CBA2I) program. Supervision also facilitates continual improvement of processes and results to achieve program goals. Supervision is not only used to assess CHWs' performance but also as an opportunity to build their skills, address barriers to program success, and brainstorm solutions.

Convening a sensitization meeting with supervisors will help ensure buy-in and understanding of their role prior to program implementation. Supervisor buy-in can also be achieved by inviting them to participate in the DMPA training. This section lists actions to ensure project staff can carry out their responsibilities competently and efficiently. The Contact List for Referral Services, available in Appendix 4 of the Implementation Handbook is used by the CHW when referring a client for other services. Also see the Checklist for Evaluating CHW Counseling and IM/SC Injectables Method Provision, available in Appendix 5 of the Implementation Handbook, for use by a supervisor to guide discussions with CHWs on the routine provision of Depo-Provera. Additional supervision checklists and other tools can be accessed by clicking on the links below.

Resources:

- VHT Direct Observation Supervision Checklist
These checklists can be used by any supervisor who is directly observing either 1) the provision of DMPA, 2) the direct counseling of a client, or 3) the facilitation of a group talk. These checklists help assess services during the practicum section of a training, and then thereafter at random intervals. They help assess the quality of services provided, and should help assess which agents need more direct supervision or training. Data from these checklists will not be regularly reported, but should be reviewed periodically by the district team to ensure quality.

- **Community Reproductive Health Worker Monthly Distribution Summary Form**

  These forms are used by direct supervisors to record the distribution activities of CRHWs on a regular basis. These forms can collect data from several CRHWs in one form. The form has four sections. The first collects data on the amount and type of contraceptive distributed by CRHWs broken down by new versus old clients, as well as the number of educational talks completed by the CRHW per month broken down by sex of the participants. The second section collects information on the number and type of referrals CRHWs make, and whether those referrals were completed, or followed through on by the client. The third section notes the number and type of complications related to injections administered by CRHWs. The fourth section records the number and type of contraceptives provided to the CRHWs by the health unit. The second form is for summary of family planning users for HMIS report.

- **Community Reproductive Health Worker Monthly Supervision Summary**

  This report is used to record the number of new and returning clients receiving injections, complications experienced, referrals made, and the number of group talks performed broken down by sex of participants. This form will be filled out by the CRHW and presented to his or her direct supervisor at monthly supervision meetings.

- **Learning Objectives for Community Health Worker (CHW) Supervisors**

  This document contains a suggested list of learning objectives for CHW supervisors to be addressed during supervisor orientation, prior to starting a pilot project on community-based access to injectables. While the length and format of supervisor orientation will vary by context, the orientation should be planned with these objectives in mind. These objectives are
included in the Sample Training Curriculum, available in Step 6: Training.

- **VHT Home Visit Observation Checklist**

  This form is for field level assessments for VHT CBFP services with quality focus.

**Document and Share Processes and Outcomes**

Monitoring your community-based access to injectables (CBA2I) program’s processes and outcomes will enable you to assess whether the program is being implemented as planned and improve the quality of the services. Programs should have a monitoring and evaluation component to collect and generate data on challenges, successes, and lessons learned. Assessments of these factors allows the implementing organization to strengthen the program. Future scale-up efforts will be informed by the contextual information and important reflections on the process. This section provides guidance on frameworks, indicators, and data collection tools that you can use to monitor and improve service delivery.

**Resources:**

- **Guidance for Monitoring and Evaluation of Community-Based Access to Injectable Contraception**

  The goal of this guidance is to strengthen CBA2I programs through improved M&E, resulting in increased access to and quality of family planning services. This guidance is intended for use by governments and programs or projects wanting to implement or improve their CBA2I programs, and specifically, the monitoring and evaluation of these programs.
Guidance for Monitoring and Evaluation of Community-Based Access to Injectable Contraception Executive Summary

The purpose of this guidance is to strengthen CBA2I programs through improved M&E, resulting in increased access to and quality of family planning services. The guidance is intended for use by governments and programs or projects wanting to implement or improve their CBA2I programs, specifically, monitoring and evaluation.

- Family Planning Client Registry

The following files are registers that have been developed for monitoring and evaluating the provision of community-based access (CBA) programs that offer family planning services in Malawi and Uganda. These tools can be adapted to meet the needs of other programs.

- Summary Tool for Health Center

This summary tool is an example summary document that can be used for monitoring and evaluating family planning visits to health centers. This tool can be adapted to fit the needs of other programs.

- Monitoring and Evaluation Package for Community-Based Provision of Family Planning Services

This package contains sample monitoring and evaluation tools, and accompanying guidance, that have been developed based on program experiences from community-based access (CBA) programs that offer family planning and reproductive health services in Uganda, Kenya, Nigeria, and Zambia.

- Key Indicators for Community-based Access to Injectable
Contraception Pilot Studies

An indicator is a measure of program performance that is tracked over time. This document presents potential process and outcome indicators organized according to phase of the community-based access to injectables (CBA2I) pilot along with the related evaluation questions, data sources and measurement tools.

Scale Up

Scaling up community-based access to injectables (CBA2I) and other community-based family planning services is a promising approach to expanding access to contraceptive care on a large scale. The broad term \textit{scale-up} encompasses several different paths to expansion of a successful innovation.

- \textit{Spontaneous scale-up} occurs when an innovation addresses a strongly felt need within a program or community and is unsystematically shared among individuals or adopted from the pilot community to other settings. Because effective scale-up nearly always requires careful planning and implementation, spontaneous scale-up is rarely successful.

- \textit{Horizontal scale-up}, also referred to as expansion or replication, describes instances when innovations are replicated in new geographical locations or expanded to serve larger or additional populations. A key factor in the success of horizontal scale-up efforts is balancing the need to adapt the innovation to new contexts while maintaining fidelity to the original innovation.

- \textit{Vertical scale-up} refers to the political, legal, and institutional scale-up of an innovation. Vertical scale-up involves the adoption of an innovation on a national or regional level, whereby policy change, legal action, and systemic and structural changes are made to support sustainable scale-up of the innovation.

- Finally, \textit{functional scale-up}, also termed diversification or grafting, occurs when new interventions are tested and added to an existing package of services.

Increasingly, the global health community recognizes a growing need for systematic guidance on sustainable scale-up practices.
As governments, nongovernmental organizations, researchers, and others look for ways to expand the impact of community-based access to injectables (CBA2I), comprehensive strategies which take into account the key determinants of successful scale-up and lessons learned from other scale-up experiences must be developed and implemented. This section of the toolkit provides information, tools, and resources to guide policymakers, program planners, and technical assistance providers through the process of scale-up to broaden the reach of CBA2I programs in an effective, sustainable manner.

Resources:

- **How to Introduce and Scale up DMPA-SC (Sayana® Press)**
  
  Practical guidelines from PATH based on lessons learned during pilot introduction. This document was created to support ministry of health and nongovernmental partners as they develop strategies and activities to introduce and scale up subcutaneous DMPA (DMPA-SC) in the hopes of expanding the contraceptive method mix and increasing access. Subcutaneous DMPA is a new, lower-dose, easy to use injectable contraceptive that is administered under the skin into the fat, rather than into the muscle.

- **Task-Sharing and Other Community-Based Innovations that Increase Access to Injectables and Implants**

  Inherent to E2A's global mandate of strengthening the delivery of family planning and reproductive health services is increase women's and girl's access to the fullest range of contraceptive options - especially where there unmet demand for contraception is greatest. This often means applying proven best practices as well as new, innovative approaches to reach women and girls in communities where poverty and high fertility rates beg imminent demand for contraception, yet quality contraceptive services are largely out of reach.

- **The Family Planning Sustainability Checklist: A Project Assessment Tool for Designing and Monitoring Sustainability of Community-Based Family Planning Services**

  The checklist is designed to assist community-based family planning project planners and implementers to identify key elements to incorporate in a community family planning project to increase the likelihood of family planning services continuing beyond the project’s end. This guide includes a checklist and an outline for a facilitated workshop for use with project partners to identify strengths and weaknesses in the key systems needed to support
continuity of family planning services.

- **Beginning with the End in Mind: Planning Pilot Projects and Other Programmatic Research for Successful Scaling Up**

This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

- **Scaling Up: An Annotated Bibliography**

This short annotated bibliography contains reports, peer-reviewed literature, web sites, and other materials that contribute to the growing global knowledge base on the scale-up of community-based access to family planning services. This annotated bibliography is not a comprehensive collection of resources on scale-up of community-based family planning efforts; rather, it offers a condensed selection of essential research findings, guidance documents, and case studies that shed light on key factors to consider when developing a scale-up plan.

- **A Framework for Scaling Up Community-Based Access to Injectable Contraceptives**

This Framework for Scaling Up Community-Based Access to Injectable Contraceptives offers an adapted conceptual model that identifies key elements that facilitate the successful scale-up of innovations that expand community-based access to injectable contraceptives. In this framework, the scale-up process is illustrated as a system of five interconnected elements: the innovation, the implementing organization, the environment, the resource team, and the scaling up strategy.

- **Community-Based Access to Injectable Contraceptives: Guidance for Developing a Scale-Up Plan**

This document provides guidance on developing a scale-up strategy for community-based
access to injectables (CBA2I) upon completion of a successful pilot project. This guidance covers essential elements that must be addressed and questions that must be answered while planning for scale-up of CBA2I.

• **Costed Implementation Plans: Strengthening Investments in Family Planning**

The CIP Resource Kit features tools for developing and executing a robust, actionable and resourced family planning strategy. Specifically, the kit includes guidance documents and tools necessary for program planners, ministry representatives and technical assistance providers to go through the CIP process. The Resource Kit provides best-practice guidance based on the hands-on experience of governments, donors and technical assistance providers in creating and implementing CIPs.

**Partners**

The organizations listed here are leaders in community-based family planning and have taken important steps to implement, evaluate, and institutionalize community-based access to injectables (CBA2I). The Community-Based Access to Injectable Contraceptives toolkit features essential tools and publications from many of these organizations. Additional relevant materials from these organizations, as well as links to each organization's web site, can be accessed by clicking on the logos and subheadings below.
Advancing Partners & Communities Project

Resources:

- Policy Advocacy Lessons Learned: Drug Shops' Provision of Injectable Contraception in Uganda

In Uganda, drug shops are distinct from pharmacies in several ways. Legally, drug shops can sell only nonprescription drugs, and must be registered with the Ugandan National Drug Authority (NDA) and be owned by medically qualified persons with at least nurse or midwife training; nonowner operators must have received training at least at the level of nursing aide.

- APC Community Health Systems Catalog

The APC Community Health Systems (CHS) Catalog was updated in 2017 and provides recent information on country community health systems. The CHS Catalog draws from policies and related documentation across the 25 countries deemed priority by USAID’s Office of Population and Reproductive Health. It includes specific attention to family planning, a core focus of the APC project, and is intended for policymakers, program managers, researchers, and donors interested in learning more about the current state of community health systems.

- DMPA-SC (Sayana® Press) Introduction in Benin: Learnings, Successes, and Challenges
Managing the Policy Advocacy Process: Drug Shops’ Provision of Injectable Contraception in Uganda

Private drug shops could offer an opportunity to expand access to family planning because they are commonplace in rural areas and support a sustainable commercial market for health products. Uganda has 6,363 registered drug shops (2010) and many more unregistered ones serving rural areas where 80% of the population lives (DHS 2011).

Delivery of Injectable Contraception by Drug Shop Operators in Uganda: Research and Recommendations

At the London Family Planning Summit in 2012, the Government of Uganda committed to providing universal access to family planning and reducing unmet need for family planning from the current 40 percent to 10 percent by 2022. To meet this ambitious goal, all potential means of increasing accessibility to family planning must be explored.

Benin’s Community-Based Access to Injectable Contraceptives Pilot Project

Global research evidence on community-based access to injectable contraceptives (CBA2I) shows that trained community health workers (CHWs) can safely, acceptably, and effectively provide injectable contraceptive services in their communities. In addition, recent international technical guidance promotes the introduction, continuation, and scale-up of this service delivery model. Currently, women in Benin can only access injectable contraceptives at a health facility, thereby limiting access to those who live in rural communities.

Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy

This package includes a series of six targeted advocacy resources and a DVD to help promote CHW provision of injectable contraceptives through new and existing community-based family planning programs. These resources are intended to be used by advocates, program managers, policymakers, donors, ministry of health staff, and other key stakeholders such as faith-based groups, media, and family planning champions. Use these resources to craft a strategy for building support for CBA2I among key decision makers in your
country. Begin by reviewing Resources 1-6. Then use the suggestions in Key Actions for CBA2I Advocacy (Resource 7) to develop an advocacy action plan. The package is available in French on the en francais tab here.

Fourniture de contraceptifs injectables par les agents de santé communautaire : Une stratégie CBA2I efficace

Utilisez ces ressources pour préparer une stratégie pour bâtir le soutien à CBA2I parmi les décideurs clés de votre pays. Commencez par examiner les ressources 1-6. Puis utilisez les suggestions dans Actions clés pour le plaidoyer pour CBA2I (Ressource 7) pour élaborer un plan d'action de plaidoyer. Vous pouvez utiliser les ressources de ce paquet et celles de la trousse d'outils Connaissances pour la santé (K4Health) CBA2I pour préparer les arguments et les matériels de plaidoyer conçus sur mesure pour communiquer aux parties prenantes qui soutiennent vos objectifs de plaidoyer. Ces ressources en anglais se trouvent ici.

Adventist Development and Relief Agency (ADRA)

The Adventist Development and Relief Agency (ADRA) was started by the Seventh-day Adventist Church as a way to follow Christ's example of serving and caring for those in need. Put simply, ADRA improves the lives of people around the world. The agency searches out deprivation, social injustice, and need?then works to eliminate them. ADRA invests in the potential of individuals through advocacy, supporting families, promoting health, providing food and water, establishing livelihoods, and responding to emergencies.

ChildFund International
ChildFund International is inspired and driven by the potential that is inherent in all children; the potential not only to survive but to thrive, to become leaders who bring positive change for those around them.

**ExpandNet**

ExpandNet is a global network of public health professionals and scientists seeking to advance the practice and science of scaling up successful health service innovations tested in experimental, pilot and demonstration projects.

**Resources:**

- **Beginning with the End in Mind: Planning Pilot Projects and Other Programmatic Research for Successful Scaling Up**

  This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

**FHI 360**

FHI 360 is a global health and development organization that has been improving lives since 1971. Our rigorous, science-based approach builds programs that create lasting change. We promote and facilitate policy change and the implementation of evidence based practices around expanding CBA to injectables through the development of guidelines, job aids, and curricula, and through the provision of technical assistance. Strategies to promote the effective utilization of evidence on CBA to injectables include advocacy, providing technical assistance to Ministries of Health and collaborative agencies, and developing partnerships with in-country
implementers.

Resources:

- **DMPA-SC (Sayana® Press) Introduction in Benin: Learnings, Successes, and Challenges**


- **Managing the Policy Advocacy Process: Drug Shops' Provision of Injectable Contraception in Uganda**

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- **Conducting a Pilot Project Using the Community-Based Access to Injectable Contraceptives Toolkit**

  This one-page summary of five critical steps in planning and implementing a community-based access to injectables (CBA2I) pilot project contains links to key materials assembled in the Community-Based Access to Injectable Contraceptives Toolkit.

- **Guidance on Costing for Scale-Up**

  This guidance is drawn from a 2010 experience with a Community-Based Access to Injectables (CBA2I) pilot study in Zambia. These helpful tips accompany the sample costing tool.

- **Introducing Community-Based Provision of Family Planning Services in Rwanda: A Process Evaluation of**
the First Six Months of Implementation

As Rwanda is Africa’s most densely populated country, the Government (GOR) has recognized that facilitating rational population growth is key to its economic development. The GOR has set a target of achieving 70% contraceptive prevalence by 2012. Among other strategies, the GOR is working to increase access to modern contraceptive services by bringing them closer to the population. To this end, the Ministry of Health (MOH) adopted a strategy of using community health workers (CHWs) in the delivery of FP services at the village level.

• Sample CBA2I Costing Tool

This Excel workbook can be used to collect costing data-- actual time spent and resources used-- for a CBA2I pilot project. This data will inform planning and budgeting for scale-up of a successful program. This tool can be adapted to meet the unique needs of a particular setting.

• Community Reproductive Health Worker Monthly Distribution Summary Form

These forms are used by direct supervisors to record the distribution activities of CRHWs on a regular basis. These forms can collect data from several CRHWs in one form. The form has four sections. The first collects data on the amount and type of contraceptive distributed by CRHWs broken down by new versus old clients, as well as the number of educational talks completed by the CRHW per month broken down by sex of the participants. The second section collects information on the number and type of referrals CRHWs make, and whether those referrals were completed, or followed through on by the client. The third section notes the number and type of complications related to injections administered by CRHWs. The fourth section records the number and type of contraceptives provided to the CRHWs by the health unit. The second form is for summary of family planning users for HMIS report.

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her direct supervisor at monthly supervision meetings.

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**Scaling Up: An Annotated Bibliography**

This short annotated bibliography contains reports, peer-reviewed literature, web sites, and other materials that contribute to the growing global knowledge base on the scale-up of community-based access to family planning services. This annotated bibliography is not a comprehensive collection of resources on scale-up of community-based family planning efforts; rather, it offers a condensed selection of essential research findings, guidance documents, and case studies that shed light on key factors to consider when developing a scale-up plan.

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**Educational Tour Guidance Package**

Educational tours can be an important component of an advocacy strategy that seeks to expand access to family planning services by introducing community-based access to injectables (CBA2I). In the past decade, educational tours have proven helpful in advancing community-based access to injectable contraceptives in a number of countries. The materials in this Educational Tour Guidance Package have been created and used by countries that have hosted or participated in educational tours in the past. The contents include sample communications documents; a sample agenda and tour program; a budget template; slides and documents to facilitate the formulation of learning objectives, reflections on the tour, and plans for moving forward; and examples of an executive summary and full summary report. Most of the items are available in Microsoft Word, Excel, or PowerPoint format so that they can be easily adapted.

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**Learning Objectives for Community Health Worker (CHW) Supervisors**

This document contains a suggested list of learning objectives for CHW supervisors to be addressed during supervisor orientation, prior to starting a pilot project on community-based access to injectables. While the length and format of supervisor orientation will vary by context, the orientation should be planned with these objectives in mind. These objectives are included in the Sample Training Curriculum, available in Step 6: Training.

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**Monitoring and Evaluation Package for Community-Based Provision of Family Planning Services**
This package contains sample monitoring and evaluation tools, and accompanying guidance, that have been developed based on program experiences from community-based access (CBA) programs that offer family planning and reproductive health services in Uganda, Kenya, Nigeria, and Zambia.

- **Key Indicators for Community-based Access to Injectable Contraception Pilot Studies**

  An indicator is a measure of program performance that is tracked over time. This document presents potential process and outcome indicators organized according to phase of the community-based access to injectables (CBA2I) pilot along with the related evaluation questions, data sources and measurement tools.

- **A Framework for Scaling Up Community-Based Access to Injectable Contraceptives**

  This Framework for Scaling Up Community-Based Access to Injectable Contraceptives offers an adapted conceptual model that identifies key elements that facilitate the successful scale-up of innovations that expand community-based access to injectable contraceptives. In this framework, the scale-up process is illustrated as a system of five interconnected elements: the innovation, the implementing organization, the environment, the resource team, and the scaling up strategy.

- **Community-Based Access to Injectable Contraceptives: Guidance for Developing a Scale-Up Plan**

  This document provides guidance on developing a scale-up strategy for community-based access to injectables (CBA2I) upon completion of a successful pilot project. This guidance covers essential elements that must be addressed and questions that must be answered while planning for scale-up of CBA2I.

- **Guide for Assessing National Readiness to Expand Community-based Access to Injectables**
This guide is designed to help program managers, advocates, potential implementers, and other stakeholders assess national-level readiness to introduce community-based distribution of injectable contraception.

- **The Effectiveness of Community-Based Access to Injectable Contraceptives in Nigeria: A Technical Report**

  This report documents Nigeria's community-based access to injectables pilot, highlights lessons learned, and recommends the way forward given the positive outcomes.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions From a Technical Consultation**

  In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation**

  This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI 360 in June 2009.

- **Use of and Unmet Need for Injectable Contraception**
This document examines patterns of the current use of and unmet demand for injectable services. Trends in use of clinic and non clinic-based services for injectables, differentials in injectable use by place of residence, and potential negative consequences of increased use of injectables are explored. Information described in this paper informed the Technical Consultation on Expanding Access to Injectable Contraception.

• **Expanding Access to Injectable Contraception**

This document examines the popularity, efficacy, and safety of injectable contraceptives and explores means of expanding global access to injectables.

• **Expanding Access to Injectable Contraceptives: Background**

This slide set provides information on the prevalence of injectable contraceptive use, as well as the safety and means of providing injectable contraception.

• **Injectable Contraception: Wave of the Future or Tsunami**

This slide set explores the demand for, and use of, injectable contraceptives in comparison with other modern contraceptive methods.

• **Task Sharing in Family Planning**

This slide set examines ways that task sharing in family planning service provision can mitigate the critical health workforce shortages currently faced by 57 countries worldwide.

• **Community-Based Distribution of DMPA: The APROFAM Project, Guatemala**

In 1995, the Guatemalan family planning association Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), in partnership with the Population Council, conducted operations research comparing acceptance and continuation rates between clinic provision and
community-based provision of the injectable contraceptive depot-medroxyprogesterone acetate (DMPA). The project provided community-based provision of DMPA to over 750 women in four districts. At 15 months, the continuation rate for clients of community-based distributors (CBDs) was 90 percent, which was identical to the clinic continuation rate. CBDs also achieved high acceptance and continuation rates among rural Mayan women, an important goal of the program. Follow-up of community-based distributors who had the most clients and who provided the most couple-years of protection noted that these successful CBDs tended to be women over 30 years old who were recognized as community leaders. Among all clients served by CBDs, only three infections were reported. Due to the success of this program, APROFAM expanded community-based distribution of DMPA throughout the country to all of its 22 districts of operation. All community-based promoters in APROFAM's rural development program are trained to provide DMPA services. Furthermore, CBDs now distribute not only progestinonly DMPA, but also the monthly combined (progestin and estrogen) injectable Cyclofem.

Community-Based Distribution of DMPA: The Matlab Project, Bangladesh

In 1975, the government of Bangladesh, in collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), initiated community-based distribution (CBD) of condoms and oral contraceptives to 150 villages in the Matlab subdistrict. The injectable contraceptive depot medroxyprogesterone acetate (DMPA or Depo-Provera) was made available in only six villages to assess its effect on the program. In 1977, the program was modified to make DMPA available in all participating villages and to improve the training and supervision of local providers - changes that substantially increased contraceptive acceptance and almost doubled the one-year contraceptive continuation rate. By early 1979, DMPA had replaced oral contraceptives as the most popular method, accounting for roughly half of all contraceptive use. CBD of contraceptives was successfully expanded to the Abhoynagar and Sirajganj subdistricts in 1984, more than doubling the regions' contraceptive use, in general, and increasing injectable use, in particular, from 0.1 percent to 25 percent. CBD of contraceptives was further expanded to eight more subdistricts in 1993. Despite some flaws in provision by CBD workers, surveys found better counseling, accessibility, and client satisfaction in regions where CBD of injectable contraceptives was available.

ICF International

Resources:

- The Family Planning Sustainability Checklist: A Project
Assessment Tool for Designing and Monitoring Sustainability of Community-Based Family Planning Services

The checklist is designed to assist community-based family planning project planners and implementers to identify key elements to incorporate in a community family planning project to increase the likelihood of family planning services continuing beyond the project’s end. This guide includes a checklist and an outline for a facilitated workshop for use with project partners to identify strengths and weaknesses in the key systems needed to support continuity of family planning services.

International Planned Parenthood Federation (IPPF)

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all.

IntraHealth International

JHPIEGO

Jhpiego (pronounced "ja-pie-go"), is an international non-profit health organization affiliated with Johns Hopkins University. For 35 years, Jhpiego has empowered front-line health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world’s most vulnerable populations.
John Snow, Inc. (JSI)

John Snow, Inc. builds local capacity to address critical health problems, collaborating with local partners to assist countries, governments, communities, families, and individuals to develop their skills and identify solutions that meet their public health needs. Through management assistance, research and evaluation, education, and training, JSI works to enable agencies and health professionals to provide appropriate services in an effective and compassionate manner.

Resources:

- **DMPA-SC (Sayana® Press) Introduction in Benin: Learnings, Successes, and Challenges**


- **Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide**

  This document provides guidance in the design of supply chain management (SCM) systems for community-based distribution (CBD) programs. This guide presents four SCM models for CBD programs that provide guidance on supply chain functions, including logistics management information systems (LMISs), inventory control systems, storage, distribution, and capacity building, that can be adapted and applied to a variety of country contexts. This guide also shares lessons learned on current SCM practices from a range of CBD programs across the globe. This guide does not intend to offer prescriptive SCM models to be followed rigidly. Rather, it is intended to serve as a resource of tools that can be modified and adapted for use by any public sector government or organization that implements CBD programs.

- **Nepal Family Health Program Technical Brief #6:**
Improving Access to Family Planning Services in Rural Areas

This brief summarizes the strategic approach, key activities, results, lessons learned, challenges, and recommendations of the Nepal Family Health Program's efforts to expand access to family planning services in rural Nepal.

Johns Hopkins Center for Communications Programs (CCP)

The Johns Hopkins Center for Communication Programs (CCP) combines the science and art of strategic communication to help people around the world make better health choices for themselves, their families and their communities.

Management Sciences for Health (MSH)

Management Sciences for Health (MSH) is a nonprofit international health organization composed of more than 2,000 people from 73 nations. Our mission is to save lives and improve the health of the world’s poorest and most vulnerable people by closing the gap between knowledge and action in public health. Together with our partners, we are helping managers and leaders in developing countries to create stronger management systems that improve health services for the greatest health impact.

MSH takes an integrated approach to building high-impact sustainable programs that address critical challenges in leadership, health systems management, health service delivery, human resources, and medicines. Wherever our partnerships succeed, the positive impact of good health has a ripple effect, contributing to the building of healthy nations.

MSH works collaboratively with health care policymakers, managers, providers, and the private sector to increase the efficacy, efficiency, and sustainability of health services by improving management systems, promoting access to services, and influencing public policy.

Resources:
Afghanistan: Innovations in Family Planning: The Accelerating Contraceptive Use Project

This document describes the innovative initiatives undertaken to strengthen contraceptive services provided almost exclusively by CHWs through the Accelerating Contraceptive Use (ACU) project.

PATH

PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, we help provide appropriate health technologies and vital strategies that change the way people think and act. Our work improves global health and well-being.

Resources:

- Self-Injection Best Practices Project: Uganda

Access to a range of contraceptive choices allows each woman to find her best option for preventing unintended pregnancies. Injectable contraceptives have been widely used for decades, providing three months of protection from pregnancy between each injection.

Pathfinder International

Resources:

- Community-Based Distribution of DMPA in Montepuez and Chiure Districts of Mozambique
Program brief on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015. The study was a joint project between Pathfinder International, Associação Moçambicana de Obstetras e Ginecologistas (AMOG), and the Bixby Center for Population, Health and Sustainability under the USAID-funded Extending Service Delivery/Family Planning Initiative and Evidence to Action (E2A).

- **Final Report: Community-based Distribution of DMPA in Montepuez and Chiure Districts in Cabo Delgado, Mozambique**

This is the final report on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015. The study was a joint project between Pathfinder International, Associação Moçambicana de Obstetras e Ginecologistas (AMOG), and the Bixby Center for Population, Health and Sustainability under the USAID-funded Extending Service Delivery/Family Planning Initiative and Evidence to Action (E2A).

**Save the Children**

Save the Children is the leading independent organization creating lasting change in the lives of children in need in the United States and around the world. Recognized for our commitment to accountability, innovation and collaboration, our work takes us into the heart of communities, where we help children and families help themselves. We work with other organizations, governments, non-profits and a variety of local partners while maintaining our own independence without political agenda or religious orientation.

When disaster strikes around the world, Save the Children is there to save lives with food, medical care and education and remains to help communities rebuild through long-term recovery programs. As quickly and as effectively as Save the Children responds to tsunamis and civil conflict, it works to resolve the ongoing struggles children face every day ? poverty, hunger, illiteracy and disease ? and replaces them with hope for the future.
Community-Based Distribution of DMPA in Montepuez and Chiure Districts of Mozambique

Program brief on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015. The study was a joint project between Pathfinder International, Associação Moçambicana de Obstetras e Ginecologistas (AMOG), and the Bixby Center for Population, Health and Sustainability under the USAID-funded Extending Service Delivery/Family Planning Initiative and Evidence to Action (E2A).

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Community-Based Distribution of DMPA in Montepuez and Chiure Districts in Cabo Delgado, Mozambique
USAID is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. Our Work supports long-term and equitable economic growth and advances U.S. foreign policy objectives by supporting economic growth, agriculture and trade; global health; and democracy, conflict prevention and humanitarian assistance.

Resources:

- **Policy Advocacy Lessons Learned: Drug Shops’ Provision of Injectable Contraception in Uganda**

  In Uganda, drug shops are distinct from pharmacies in several ways. Legally, drug shops can sell only nonprescription drugs, and must be registered with the Ugandan National Drug Authority (NDA) and be owned by medically qualified persons with at least nurse or midwife training; nonowner operators must have received training at least at the level of nursing aide.

- **Hormonal Contraception and HIV Technical Update**

  To summarize current evidence and World Health Organization (WHO) revised guidance regarding use of hormonal contraception (HC) by women at high risk of acquiring HIV. On March 2, 2017, WHO issues revised guidance on the use of progestogen-only injectables (norethisterone enanthate [NET-EN] and depot medroxyprogesterone acetate [DMPA], in both intramuscular [IM] and subcutaneous [SC] forms) by women at high risk of HIV acquisition.

- **DMPA-SC (Sayana® Press) Introduction in Benin: Learnings, Successes, and Challenges**
Managing the Policy Advocacy Process: Drug Shops' Provision of Injectable Contraception in Uganda

Private drug shops could offer an opportunity to expand access to family planning because they are commonplace in rural areas and support a sustainable commercial market for health products. Uganda has 6,363 registered drug shops (2010) and many more unregistered ones serving rural areas where 80% of the population lives (DHS 2011).

Delivery of Injectable Contraception by Drug Shop Operators in Uganda: Research and Recommendations

At the London Family Planning Summit in 2012, the Government of Uganda committed to providing universal access to family planning and reducing unmet need for family planning from the current 40 percent to 10 percent by 2022. To meet this ambitious goal, all potential means of increasing accessibility to family planning must be explored.

Benin's Community-Based Access to Injectable Contraceptives Pilot Project

Global research evidence on community-based access to injectable contraceptives (CBA2I) shows that trained community health workers (CHWs) can safely, acceptably, and effectively provide injectable contraceptive services in their communities. In addition, recent international technical guidance promotes the introduction, continuation, and scale-up of this service delivery model. Currently, women in Benin can only access injectable contraceptives at a health facility, thereby limiting access to those who live in rural communities.

Introducing Community-Based Provision of Family Planning Services in Rwanda: A Process Evaluation of the First Six Months of Implementation

As Rwanda is Africa's most densely populated country, the Government (GOR) has
recognized that facilitating rational population growth is key to its economic development. The GOR has set a target of achieving 70% contraceptive prevalence by 2012. Among other strategies, the GOR is working to increase access to modern contraceptive services by bringing them closer to the population. To this end, the Ministry of Health (MOH) adopted a strategy of using community health workers (CHWs) in the delivery of FP services at the village level.

- Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation

This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI 360 in June 2009.

USAID | DELIVER PROJECT

The USAID | DELIVER PROJECT strengthens supply systems for essential health commodities and works to ensure their sustainability.

USAID | Health Policy Initiative, Task Order 1

The USAID | Health Policy Initiative, Task Order 1 (2005-2010), concluded on September 29, 2010. Policy work continues under the new Health Policy Project. Task Order 1 had two main components: global technical leadership in health policymaking and implementation and country-level applications in the field. The task order served as the primary mechanism to support USAID core-funded FP/RH, HIV, and maternal health activities in policy dialogue, formulation, and implementation. In addition, Task Order 1 provided technical assistance and carried out field-supported activities at the country level. Technical assistance focused on improving health-related policy formulation, planning, and financing; strengthening government leadership and civil society participation; encouraging multisectoral coordination; and fostering evidence-based decisionmaking at the country level. Task Order 1 was implemented by the consortium led by Futures Group.
Venture Strategies for Health and Development

World Health Organization (WHO)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

Resources:

- **Task sharing to improve access to Family Planning/Contraception**

  The WHO (World Health Organization) recognizes task sharing as a promising strategy for addressing the critical lack of health care workers to provide reproductive, maternal and newborn care in low-income countries. Task sharing is envisioned to create a more rational description of tasks and responsibilities among cadres of health workers to improve access and cost-effectiveness.

- **Hormonal Contraceptive Eligibility for Women at High Risk of HIV**

  The World Health Organization (WHO) convened a technical consultation during 1-2 December 2016 to review new evidence on the risk of HIV acquisition with the use of hormonal contraception. The issue was recognized as a critical one, particularly for sub-Saharan Africa, where women have a high lifetime risk of acquiring HIV, hormonal contraceptives constitute a significant component of the contraceptive method mix and unintended pregnancy is a common threat to the well-being and lives of women and girls.
Beginning with the End in Mind: Planning Pilot Projects and Other Programmatic Research for Successful Scaling Up

This short new ExpandNet/WHO guidance document, which is a working draft, provides 12 recommendations and a checklist to help build scaling up considerations into projects from the outset. In this way one can anticipate and plan ahead for eventual scale up from the earliest stages of designing a pilot, demonstration or other operations research intervention.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions From a Technical Consultation**

  In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). (See box inside on terminology.) The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

- **Expanding Access to Injectable Contraceptives: Background**

  This slide set provides information on the prevalence of injectable contraceptive use, as well as the safety and means of providing injectable contraception.

- **Bangladesh Experience in Expanding the Delivery of Injectable Contraception: A Brief Overview**
This slide set describes Bangladesh's experience with community-based distribution of injectable contraception, including lessons learned.

- **Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation**

This presentation summarizes the conclusions of the Technical Consultation Convened by the World Health Organization, U.S. Agency for International Development, and FHI 360 in June 2009.

**en Français**

**Bienvenue sur l'onglet en français du Toolkit sur l'Accès à base communautaire aux contraceptifs injectables (ABCI).**

Ce Toolkit sert de plateforme virtuelle à partir de laquelle les agences et les organisations peuvent trouver des moyens pour renforcer leurs capacités dans plusieurs domaines. Ces domaines incluent la planification, la mise en œuvre, l'évaluation, la promotion et la mise à l'échelle des programmes de distribution à base communautaire de contraceptifs injectables ainsi que le plaidoyer en faveur de changements dans les politiques nationales et les lignes directrices nationales en matière de prestation de services.

Bien que les supports dans ce Toolkit ne soient pas tous disponibles en français, cet onglet contient déjà en version française ceux qui sont essentiels pour le plaidoyer, la mise en œuvre et la mise à l'échelle de programmes d'ABCI. De nouveaux documents en français viendront étoffer ce site dès qu'ils seront disponibles. Cliquez sur les liens de texte intégral pour ouvrir le document correspondant ou le télécharger. Bon nombre des documents dans le Toolkit peuvent faire l'objet d'adaptations ou de révisions pour tenir compte du contexte de chaque pays ou programme.

**Pourquoi offrir un accès à base communautaire aux contraceptifs injectables?**

Dans les programmes de planification familiale à base communautaire, les clients se voient offrir des préservatifs, des contraceptifs oraux et, de plus en plus, les contraceptifs injectables y compris Dépo-Provera intramusculaire (DMPA-IM) et sous-cutané (DMPA-SC). Pour les autres méthodes contraceptives, ils se font référer aux centres de santé. Plusieurs études et programmes ont montré que les agents de santé communautaires bien formés puissent dispenser les contraceptifs injectables en toute sécurité et en toute efficacité. En formant et en autorisant une plus grande diversité de prestataires à administrer des injections, on peut ainsi
améliorer l’accès des femmes à une méthode qui est parmi celles qu’elles préfèrent, réduire la demande en planification familiale non satisfaite dans les zones difficiles d’accès et résoudre en partie le problème de pénurie d’agents de santé auxquels de nombreux pays sont confrontés.

Les agents de santé communautaires offrent déjà des contraceptifs injectables tels que DMPA-IM et DMPA-SC dans de nombreux pays. Les contraceptifs injectables sont attractifs pour les nombreuses femmes qui veulent une méthode de planification familiale efficace, de longue durée d’action et d’utilisation discrète. En mobilisant divers types de prestataires (dont les agents de santé communautaires) pour offrir les contraceptifs injectables, les programmes de planification familiale ont plus de chances de réaliser leurs objectifs de développement à long terme.

Pour des informations sur la planification familiale à base communautaire, veuillez voir le Toolkit sur la Planification familiale à base communautaire.

Pour plus d’informations sur les contraceptifs injectables, veuillez voir le Toolkit sur les contraceptifs injectables.

**Resources:**

- **Offre initiale des contraceptifs injectables par les agents de santé communautaire**

Des programmes effectués dans le monde entier ont démontré que le fait de permettre aux ASC convenablement formés d’administrer des contraceptifs injectables peut élargir l’accès à une méthode contraceptive largement préférée des femmes, réduire le besoin non satisfait en matière de planification familiale dans les zones insuffisamment desservies, remédier à la grave pénurie des professionnels de la santé dans beaucoup de pays, et accroître le taux de prévalence contraceptive. Treize pays d’Afrique mènent actuellement des initiatives en vue de piloter, de mettre à l’échelle ou de changer leur politique nationale en faveur de la pratique d’ABCI. Douze de ces pays permettent aux ASC de déterminer si leurs clientes sont de bonnes candidates à l’emploi de contraceptifs injectables et d’administrer la première injection.

- **Fourniture de contraceptifs injectables par les agents de santé communautaire : Une stratégie CBA2I efficace**

Utilisez ces ressources pour préparer une stratégie pour bâtir le soutien à CBA2I parmi les décideurs clés de votre pays. Commencez par examiner les ressources 1-6. Puis utilisez les suggestions dans Actions clés pour le plaidoyer pour CBA2I (Ressource 7) pour élaborer un plan d’action de plaidoyer. Vous pouvez utiliser les ressources de ce paquet et celles de la trousse d’outils Connaissances pour la santé (K4Health) CBA2I pour préparer les arguments.
et les matériels de plaidoyer conçus sur mesure pour communiquer aux parties prenantes qui soutiennent vos objectifs de plaidoyer. Ces ressources en anglais se trouvent ici.

• Video: L’Offre de Contraceptifs Hormonaux en Milieu Communautaire : Le Défi du Passage à l’Echelle

Le Ministère de la Santé et de l’Action Social au Sénégal présente ce film de plaidoyer. Le film document les avantages de la disponibilité de l’offre de service de PF, y compris la pilule et les injectables, au niveau communautaire. Ce film de 14 minutes est un outil de plaidoyer pour le passage à l’échelle de la distribution à base communautaire des contraceptifs au Sénégal.

Video en français

• Indicateurs clés pour les études pilotes sur l’accès à base communautaire des contraceptifs injectables

Un indicateur est une mesure de la performance d’un programme sur la durée. Ce document présente des indicateurs potentiels de processus et d’effet organisés selon la phase du pilot de l’accès à base de communauté à injectables (ABCI) avec les questions d’évaluation liées, des sources de données et des outils de mesure.

• Les Ressources Pour l’Action

Cet ensemble de quatre notes de plaidoyer est conçu pour fournir aux responsables des politiques de santé des informations essentielles sur l’amélioration de l’accès à base communautaire aux contraceptifs injectables (ABCI).

• Un Film de Plaidoyer : « L’Accès à base communautaire à la contraception injectable: du simple bon sens »

Cette vidéo de plaidoyer de 8 minutes couvre la recherche et l’évidence programmatique sur l’accès à base communautaire à la contraception injectable (ABCI) par les agents de la santé communautaires et les derniers efforts de mettre en œuvre des programmes d’ABCI à
travers l’Afrique subsaharienne. La vidéo inclut une histoire personnelle d’une femme en Ouganda qui a profité des services de planning familial offerts dans sa communauté.

Programmes de formation et des aides-mémoires

Resources:

• Administration de DMPA-SC (Sayana® Press) pour les prestataires de services de planification familiale et de locaux

Ce programme a été élaboré pour aider à la formation des agents de santé communautaire dans l’utilisation des injectables, DMPA-SC (Sayana® Press). Ce curriculum peut être utilisé comme un exemple de programme que d’autres programmes peuvent adapter à leurs besoins. Les matériaux incluent: un livret d’auto-injection, une liste de contrôle d’auto-injection, quatre leçons de formation et des aides au travail (pour le fournisseur, l’établissement et la Communauté).

• Promotion de l’accès à base communautaire aux contraceptifs injectables (ABCI) au Benin


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